

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

101682 423
SERIAL NO. / FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		/				61					
2			/				62					
3							63					
4							54					
5							65					
6							66					
7							67					
8							68					
9							69					
10							60					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL INC.			/				TOTAL INC.					
TOTAL DEP.			/				TOTAL DEP.					
TOTAL CLAIMS	1	2	3	4	5	6	TOTAL CLAIMS	7	8	9	10	11